



SANDBAGS

EROSION CONTROL CONTRACTING & SUPPLIES

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Lacountysandbags.com
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ONE (1) TIME CREDIT CARD AUTHORIZATION

By signing this form, you give LA County Sandbags permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a **single transaction only** and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____ (Cardholder), authorize LA County Sandbags to charge my credit card
(as indicated below) for \$ _____ (amount \$) on _____ (date).

This payment is for the following: _____ Ticket # _____
(Description of Goods/Services) (LACSB will provide)

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard | VISA | Discover | AMEX | Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I authorize LA County Sandbags to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____ Date: _____

Printed Name: _____